



MINNESOTA BOARD OF MEDICAL PRACTICE
University Park Plaza, 2829 University Avenue SE, Suite 500,
Minneapolis, MN 55414-3246
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REGISTERED ATHLETIC TRAINER
PROTOCOL FORM

This protocol form is to be completed by the PRIMARY PHYSICIAN and must be typed or printed except where signatures are required. This protocol form must be updated and reviewed at the athletic trainer's renewal time and kept on file by the athletic trainer. It is recommended that the primary physician also retain a copy.

ATHLETIC TRAINER

Name _____

Street Address _____

City _____ State _____ Zip code _____

Registration # _____ Phone# _____

Date of Certification by National Athletic Trainers Association – Board of Certification (NATA-BOC) _____

PRIMARY PHYSICIAN

"Primary Physician means a licensed medical physician who serves as a medical consultant to an athletic trainer." (MN Statute 148.7802 Subd. 11) An athletic trainer may have more than one primary physician depending on employment sites. Make additional copies of this form as necessary. "The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board." [MN Statute 148.7806(b)]

Name _____

Street Address _____

City _____ State _____ Zip code _____

License # _____ Phone# _____

ATHLETIC TRAINER SERVICES EVALUATION AND TREATMENT PROTOCOL

ATHLETIC TRAINERS PRIMARY EMPLOYMENT SITE WHERE PROVISIONS OF THIS PROTOCOL FORM APPLY. EACH PRIMARY EMPLOYMENT SITE MUST BE LISTED BELOW.

PRIMARY EMPLOYMENT SITE

“Primary Employment Site” means the institution, organization, corporation, or sports team where the athletic trainer is employed for the practice of athletic training.” (MN Statute 148.7806 Subd. 10)

1. **SITE 1** Facility or Employer Name _____
Street address _____
City _____ State _____ Zip code _____
2. **SITE 2** Facility or Employer Name _____
Street address _____
City _____ State _____ Zip code _____
3. **SITE 3** Facility or Employer Name _____
Street address _____
City _____ State _____ Zip code _____
4. **SITE 4** Facility or Employer Name _____
Street address _____
City _____ State _____ Zip code _____

LIMITED EVALUATION AND TREATMENT

“At the primary employment site, except in a corporate setting, an athletic trainer may evaluate and treat an athlete for an athletic injury not previously diagnosed for not more than 30 days or a period of time designated by the primary physician on the protocol form, from the date of the initial evaluation and treatment. Preventative care after resolution of the injury is not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081, to practice chiropractic as defined in section 148.01, to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05 and whose license is in good standing.” [MN Statute 148.7806(c)]

“In a clinical, corporate and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65.” [MN Statute 148.7806 (e)]

“Athlete” means a person participating in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.” (MN Statute 148.7802 Subd. 4)

“Athletic injury” means an injury sustained by a person as a result of the person’s participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.” (MN Statute 148.7802 Subd. 5)

ATHLETIC TRAINER SERVICES EVALUATION AND TREATMENT PROTOCOL

The PRIMARY PHYSICIAN shall affirmatively state by placing a "yes" in the blank in front of the services enumerated below, those evaluation, treatment and rehabilitative procedures that the athletic trainer may perform in managing athletic injuries. A "no" shall be put in the blank in front of the evaluation, treatment or rehabilitative procedures that the athletic trainer should not perform in the management of athletic injuries.

- _____ 1. At the primary employment site, except in a corporate setting, the athletic trainer may evaluate and treat an athlete for an athletic injury not previously diagnosed for not more than _____ days. (May not exceed 30 days.)
- _____ 2. Take a complete, detailed, and accurate history including history of past problems, history of present problem, mechanism of injury, anatomical location and pain characteristics.
3. Evaluate utilizing the following procedures:
 - _____ a. palpation for edema, deformity, pain, temperature difference, etc.
 - _____ b. general observation
 - _____ c. motion assessment
 - _____ d. muscle strength and endurance tests
 - _____ e. neurological assessment
 - _____ f. joint play assessment
 - _____ g. functional evaluation
 - _____ h. other (specify) _____
4. Treat utilizing the following procedures:
 - _____ a. give emergency care for athletic injuries
 - _____ b. provide appropriate therapeutic treatment for athletic injuries using the following therapeutic modalities
 - _____ (1) cryotherapy and thermotherapy
 - _____ (2) ultrasound
 - _____ (3) phonophoresis
 - _____ (4) electrical nerve stimulation
 - _____ (5) iontophoresis
 - _____ (6) diathermy (specify type: _____)
 - _____ (7) intermittent compression
 - _____ (8) traction
 - _____ (9) therapeutic massage
 - _____ (10) other (specify) _____
5. Rehabilitate utilizing the following procedures:
 - _____ a. progressive resistance exercise
 - _____ b. range of motion exercise
 - _____ c. trigger point therapy
 - _____ d. joint mobilization for range of motion only
 - _____ e. proprioceptive neuromuscular facilitation
 - _____ f. functional exercise
 - _____ g. cardiovascular exercise
 - _____ h. other (specify) _____
6. Other approved procedures:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

ATHLETIC TRAINER SERVICES EVALUATION AND TREATMENT PROTOCOL

SCOPE OF PRACTICE

"An athletic trainer shall:

(1) prevent, recognize, and evaluate athletic injuries; (2) give emergency care and first aid; (3) manage and treat athletic injuries; and (4) rehabilitate and physically recondition athletic injuries. The athletic trainer may use modalities such as cold, heat, light, sound, electricity, exercise, and mechanical devices for treatment and rehabilitation of athletic injuries to athletes in the primary employment site." [MN Statute 148.7806 (a)]

"An athletic trainer may:

(1) Organize and administer an athletic training program including, but not limited to, educating and counseling athletes;

(2) Monitor the signs, symptoms, general behavior, and general physical response of an athlete to treatment and rehabilitation including, but not limited to, whether the signs, symptoms, reactions, behavior or general response show abnormal characteristics; and

(3) Make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of an injured athlete based on the indicators in clause (2) [MN Statute 148.7806 (d)]

LIMITATIONS ON PRACTICE

"If an athletic trainer determines that the patient's medical condition is beyond the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in the state to practice medicine as defined in section 147.081, to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05, and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient." (MN Statute 148.7807)

PRIMARY PHYSICIAN

I have carefully read, understand, and agree to the foregoing Registered Athletic Trainer Protocol Form and certify that all information I have provided is accurate and correct. I understand that I am responsible for selecting appropriate functions to be performed by the athletic trainer under this protocol.

Signature _____ Date _____ Phone # _____

Note: Be sure to approve only those procedures you know the athletic trainer to be proficient at. This protocol form may be updated at your discretion.

ATHLETIC TRAINER

I have carefully read, understand, and agree to the foregoing Registered Athletic Trainer Protocol Form and certify that all information I have provided is accurate and correct. I understand that I am responsible and capable for functions delegated, for selecting appropriate functions to be performed under this protocol and for performing them properly.

Signature _____ Date _____ Phone # _____

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